Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner-for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

- INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) . 7590 04/11/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Suite 400 1901 Research Box	., ŜHAPIRO AND FIN ulevard	Man	17 mm	C	ertificate of Mailing or Trans this Fee(s) Transmittal is being with sufficient postage for fir ail Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission
Rockville, MD 208 8/2005 MBEYENE2 00000	350 1023 09618102	ARE	SE CE			(Depositor's name)
C:1501	1400.00 OP	PAIENT & TRA	DEMARKOR			(Signature)
APPLICATION NO.	18_00_00 FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/618,102	07/17/2000	Richard			0918.0095C	7328
{`				· · · · · · · · · · · · · · · · · · ·		
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$0	\$1400	07/11/2005
EXAMINER NGUYEN, VAN KIM T		ART UNIT 2151		CLASS-SUBCLASS]	
				370-335000		
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02	e address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing (1) the names or agents OR, (2) the name or registered atto 2 registered parts	g on the patent front page, of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the na atent attorneys or agents. I	a member a mes of up to	ro & Finnan
CFR 1.363). Change of correspond Address form PTO/SB/I. "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use PRESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of EE	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For printing (1) the names or agents OR, (2) the name or registered atto 2 registered palisted, no name THE PATENT (product a will appear of a substitute for the contract of the contract	g on the patent front page, sof up to 3 registered pate alternatively, of a single firm (having asomey or agent) and the natent attorneys or agents. I the will be printed. Trint or type) on the patent. If an assigning an assignment. (CITY and STATE OR CO	a member a mes of up to f no name is 3 mee is identified below, the depundence of th	ocument has been filed for
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manual	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of	Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B	2. For printing (1) the names or agents OR, (2) the name or registered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the part of the part	g on the patent front page, a of up to 3 registered pate alternatively, of a single firm (having as princy or agent) and the na atent attorneys or agents. I will be printed. Trint or type) on the patent. If an assigning an assignment. (CITY and STATE OR CO	a member a mes of up to f no name is 3	ocument has been filed for
CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manuf Please check the appropriate 4a. The following fee(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use PRESIDENCE DATA TO B an assignce is identified be a 37 CFR 3.11. Completion of EE Eacturing Ent assignce category or category enclosed:	Correspondence Ition form of a Customer E PRINTED ON Tellow, no assignee of this form is NOT	2. For printing (1) the names or agents OR, (2) the name or registered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the patents) RESIDENCE: (S. Inc. inted on the patents. Payment of Feel	g on the patent front page, s of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the na atent attorneys or agents. I will be printed. rint or type) on the patent. If an assig filing an assignment. (CITY and STATE OR CO Wiln at): Individual (S): the amount of the fee(s) is e	a member a mes of up to f no name is 3 mee is identified below, the depuntation of the private ground and the priv	ocument has been filed for
CFR 1.363). Change of correspond Address form PTO/SB/I. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manuf Please check the appropriate 4a. The following fee(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use 2 RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of EE Eacturing Enter assignee category or category enclosed:	Correspondence Ition form e of a Customer E PRINTED ON T Elow, no assignee of this form is NOT (B CEPPISES ries (will not be pri	2. For printing (1) the names or agents OR, (2) the name or eregistered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the patents) RESIDENCE: (15, Inc. inted on the patents) Payment of Feet A check in the payment by compared to the payment of the payment by compared to	g on the patent front page, a of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the nate attorneys or agents. It is will be printed. Trint or type) on the patent. If an assigning an assignment. (CITY and STATE OR COWILD The int): Individual (S): The amount of the fee(s) is excredit card. Form PTO-203	a member a mes of up to f no name is 3 mee is identified below, the depuntation of the private ground and the priv	ocument has been filed for are supported to be
CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manuf Please check the appropriate 4a. The following fee(s) are Publication Fee (No standard Publication Fee (No sta	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use 2 RESIDENCE DATA TO B 3 an assignee is identified be 3 of 3 of 2 cm, and assignee completion of EE Eacturing Ent 2 assignee category or category enclosed: mall entity discount permitter (Copies SIX (6)) (from status indicated above MALL ENTITY status. See 3	Correspondence Ition form e of a Customer E PRINTED ON T Elow, no assignee of this form is NOT (B CEPPISES ries (will not be pri 4b 2 d) 37 CFR 1.27.	2. For printing (1) the names or agents OR, (2) the name or engistered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the patents) RESIDENCE: (S. Inc. Inc. Payment of Feet A check in the payment by control of the payment by control of the payment of Peet of the payment of	g on the patent front page, a of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the na atent attorneys or agents. I will be printed. Trint or type) on the patent. If an assignment. (CITY and STATE OR COWILD at a mount of the fee(s) is expressed in the patent of the feet of the patent of the feet of the patent of the patent of the patent of the feet of the patent	a member a mes of up to f no name is 3 mence is identified below, the depundence is identified below.	ocument has been filed for are oup entity Government credit any overpayment, to opy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manuf Please check the appropriate 4a. The following fee(s) are Publication Fee (No standard Publication Fee (No sta	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use 2 RESIDENCE DATA TO B 3 an assignee is identified be 3 of 3 of 2 cm, and assignee completion of EE Eacturing Ent 2 assignee category or category enclosed: mall entity discount permitter (Copies SIX (6)) (from status indicated above MALL ENTITY status. See 3	Correspondence Ition form e of a Customer E PRINTED ON T Elow, no assignee of this form is NOT (B CEPPISES ries (will not be pri 4b 2 d) 37 CFR 1.27.	2. For printing (1) the names or agents OR, (2) the name or engistered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the patents) RESIDENCE: (S. Inc. Inc. Payment of Feet A check in the payment by control of the payment by control of the payment of Peet of the payment of	g on the patent front page, a of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the na atent attorneys or agents. I will be printed. Trint or type) on the patent. If an assignment. (CITY and STATE OR COWILD at a mount of the fee(s) is expressed in the patent of the feet of the patent of the feet of the patent of the patent of the patent of the feet of the patent	a member a mes of up to f no name is 3	ocument has been filed for are oup entity Government credit any overpayment, to opy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 on Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ITT Manuf Please check the appropriate da. The following fee(s) are was sue Fee Publication Fee (No say advance Order - # of the say and t	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use the property of the pro	Correspondence Ition form e of a Customer E PRINTED ON T Elow, no assignee of this form is NOT (B CEPPISES ries (will not be pri 4b 2 d) 37 CFR 1.27.	2. For printing (1) the names or agents OR, (2) the name or engistered atto 2 registered palisted, no name THE PATENT (printed at a will appear of a substitute for the patents) RESIDENCE: (S. Inc. Inc. Payment of Feet A check in the payment by control of the payment by control of the payment of Peet of the payment of	g on the patent front page, a of up to 3 registered pate alternatively, of a single firm (having as orney or agent) and the na atent attorneys or agents. I will be printed. Trint or type) on the patent. If an assignment. (CITY and STATE OR COWILD at a mount of the fee(s) is expressed in the patent of the feet of the patent of the feet of the patent of the patent of the patent of the feet of the patent	a member a mes of up to f no name is 3 mence is identified below, the depundence is identified below.	ocument has been filed for are bup entity Government credit any overpayment, to opy of this form).

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.